



The following criteria are to be used when developing Comprehensive Emergency Management Plans (CEMP) for all hospices. The criteria also serve as the plan format for the CEMP, since they satisfy the basic comprehensive emergency management plan requirements of section 400.610(1)(b), Florida Statutes, 58A-2.005(1)(c)1.d., and 58A-2.026, Florida Administrative Code. All local emergency management agencies are required by section 252.355, Florida Statutes, to have a program that addresses assistance for persons with special needs. Special needs registrants are those persons registered with the local emergency management agency who require assistance during times of disaster and who live at home or with their caregivers.

These criteria are not intended to limit or exclude additional information that facilities may decide to include in their plans in order to satisfy other requirements, or to address other arrangements that have been made for emergency preparedness. Any additional information which is included in the plan will not be subject to approval by county emergency management personnel, although they may provide informational comments.

This form must be attached to your facility's comprehensive emergency management plan upon submission for approval to the county emergency management agency. Use it as a cross reference to your plan, by listing the page number and paragraph where the criteria are located in your plan on the line to the left of each item.

*****IMPORTANT INFORMATION*****

The basic AHCA criteria have been modified to reflect the enhanced requirements for Lee County Emergency Management. This document is available on the Emergency Management website: www.LeeEOC.com. As stated above, this form must be attached to the facility's CEMP upon submission for approval and is to be used as a cross-reference to your plan.

To SUBMIT YOUR CEMP:

1. It must be in electronic format (PDF and MS Word, or equivalent);
2. All supporting documentation must be inserted into the CEMP, not separate files;
3. It cannot be password protected;
4. It must either be e-mailed or provided on CD/flash drive.

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Download the Criteria at: <http://leeeoc.com/resources/Pages/CEMP.aspx>

_____ I. INTRODUCTION

_____ A. Provide basic information concerning the facility to include:

- _____ 1. Name of the hospice, address, phone number, 24-hour emergency contact phone number, pager number (if available), fax number, type of facility, and license.
- _____ 2. Owner of facility and Chief Operating Officer, address for each, and work/cell phone numbers (private or corporate ownership).
- _____ 3. Year facility was built, type of construction and date of any subsequent construction.
- _____ 4. Name of Administrator, address, work/home phone number, and work/home phone number of his/her Alternate.
- _____ 5. Identify 2 alternate(s) who will assume leadership responsibilities should the previously identified individual be unavailable during an emergency. Provide the alternate(s) name, address, work/home phone, and position and title.
- _____ 6. Name, address, work and home phone number of designated Safety Liaison serving as the primary contact for emergency operations.
- _____ 7. Name, address, work and home phone number of person implementing the provisions of this plan.
- _____ 8. Name, work, and home phone number of person(s) who developed this plan.
- _____ 9. Organizational chart identifying key management positions, with phone numbers.

_____ B. Provide an introduction to the Plan that describes its purpose, time of implementation, and the desired outcome that will be achieved through the planning process. Also, provide any other information concerning the facility that has bearing on the implementation of this plan.

_____ II. AUTHORITIES AND REFERENCES

- _____ A. Identify the legal basis for plan development and implementation to include statutes, rules and local ordinances, etc.
- _____ B. Identify reference materials used in the development of the plan.
- _____ C. Identify the hierarchy of authority in place during emergencies. Provide an organizational chart, if different from the previous chart required.

_____ III. HAZARD ANALYSIS

_____ A. Describe the potential hazards that the facility is vulnerable to such as hurricanes, tornados, flooding, fires, hazardous materials, transportation accidents, proximity to a nuclear power plant, power outages during severe cold or hot weather, gas leaks, etc. Indicate history and lessons learned.

_____ B. Provide site-specific information concerning the facility to include:

- _____ 1. Location Map, a street level map noting the location of the facility.
- _____ 2. Licensed capacity, number of facility beds, maximum number of patients on site, and average number of patients on site.
- _____ 3. Maximum number of staff on site.
- _____ 4. Identify types of patients served by the facility:
 - _____ a. Patients with dementia or Alzheimer's disease
 - _____ b. Patients requiring special equipment or other special care, such as oxygen or dialysis
 - _____ c. Patients who are non-ambulatory

- _____ d. Patients who require assistance
- _____ e. Patients who do not require assistance
- _____ f. Other - list types

- _____ C. Identify the elevation of the first finished floor.
- _____ D. Identify the hurricane surge evacuation zone the facility is located in, as of July 1, 2011.
- _____ E. Identify the flood zone the facility is located in, as identified on a Flood Insurance Rate Map, as of 8/28/08.
- _____ F. Number of miles facility is located from a railroad or major transportation artery.
- _____ G. Identify if facility is located within 10 mile or 50-mile emergency planning zone of a nuclear power plant.

_____ IV. CONCEPT OF OPERATIONS

This section of the plan defines the policies, procedures, responsibilities, and actions that the facility will take before, during and after any emergency. At a minimum, the facility plan needs to address direction and control; notification; and evacuation and sheltering.

_____ A. Direction and Control

Define the management function for emergency operations. Direction and control provide a basis for decision-making and identify who has the authority to make decisions for the facility.

- _____ 1. Identify by title who is in charge during an emergency and one alternate, should that person be unable to serve in that capacity.
- _____ 2. Identify the chain of command to ensure continuous leadership and authority in key positions.
- _____ 3. State the procedures that ensure timely activation and staffing of the facility during emergency incidents.
- _____ 4. State the provisions made, if any, for emergency workers' families during emergency incidents.
- _____ 5. State the operational and support roles for all facility staff (This will be accomplished through the development of Standard Operating Procedures, which must be attached to this plan).
- _____ 6. State the procedures to ensure the following needs are supplied:
 - _____ a. Emergency power and, if applicable, natural gas or diesel. If natural gas, identify alternate means should loss of power occur (which would affect the natural gas system). What is the capacity of the fuel tank for the emergency power system?
 - _____ b. Food, water, sleeping arrangements and other essential supplies for 72-hours.
 - _____ c. Oxygen, if required for patients.
 - _____ d. Transportation (may be covered in evacuation section).
- _____ 7. Provisions for continuous 24-hour staffing until the emergency has abated.

_____ B. Education of Patients Prior to an Emergency

- _____ 1. Describe procedures for educating patients and patients' caregivers about the hospice's comprehensive emergency management plan.

- _____ 2. Describe procedures for discussing with those patients who need continued services, who are **NOT** registered with the Special Needs Program, patients' plans during, and immediately following, an emergency.
- _____ 3. Describe procedures for providing written materials about the Special Needs Program, in their area, with those patients who will require evacuation to a Special Care Center during and emergency.
- _____ 4. Describe the hospice's procedures for collecting patient registration information during admission for the Special Needs Program. Patients must be registered with the Special Needs Program prior to an emergency, not when an emergency is approaching or occurring.
- _____ 5. Describe how patients will be educated in the role of administering their own medication, and maintaining their own supplies and equipment list (refer to Appendix B, section two of this document).
- _____ 6. Describe procedures for discussing with those patients registered with the special needs registry the following:
 - _____ a. The information in Appendix B of this document;
 - _____ b. The limitation of services and conditions in a shelter;
 - _____ c. That the level of services will not be equal to what they receive in the home;
 - _____ d. That conditions in the shelter may be stressful and may even be inadequate for their needs;
 - _____ e. And that the Special Care Centers are an option of last resort.

_____ C. Notification

Procedures must be in place for the facility to receive timely information on impending threats and the alerting of the facility's decision makers, staff, and patients of potential emergency conditions.

- _____ 1. Describe how the facility will receive warnings.
- _____ 2. Describe how staff will be alerted.
- _____ 3. Describe the procedures and policy for staff reporting to work.
- _____ 4. Describe how patients will be alerted and the precautionary measures that will be taken.
- _____ 5. Identify by title the person responsible for, and the procedure to, update the AHCA Emergency Status System.
- _____ 6. Identify alternative means of notification should the primary system fail.
- _____ 7. Identify procedures for notifying those areas or facilities (for which mutual aid agreements are in place) to which patients will be relocated or evacuated.
- _____ 8. Identify how the hospice will maintain a current prioritized list of patients who need continued services during an emergency. The list shall indicate how services shall be continued in the event of an emergency or disaster for each patient and if the patient is to be transported to a Special Care Center, and shall indicate if the patient is receiving services and the patient's medication and equipment needs. The list shall be furnished to county health departments and to local emergency management agencies, upon request.

_____ D. During an Emergency

- _____ 1. During an emergency, when there is not a mandatory evacuation, some patients may decide to stay in their homes. Describe procedures the hospice will take to assure that all patients

needing continuing care will receive it, either from the hospice or through arrangements made by the patient or the patient's caregiver.

- _____ 2. During an emergency, when there is a mandatory evacuation, some patients may decide to stay in their home. Describe procedures to notify patients that there may be a temporary disruption of services and when services can be expected to be restored.
- _____ 3. Identify procedures for the hospice to assure that all patients needing continuing care will receive it, either from the hospice, through a Special Care Center, or through arrangements made by the patient or the patient's caregiver.
- _____ 4. Identify procedures for maintaining hospice care and services, and safeguarding patients in the hospice residential or in-patient unit, maintaining services for patients who must remain in the hospice facility, evacuating patients during emergencies and disasters if mandated by the local emergency management agency, and notifying the family members of patients and other responsible parties.
- _____ 5. Develop and maintain a comprehensive emergency management plan for disasters and emergencies including hurricanes, tornadoes, building fires, wildfires, disruption of public utility services, destruction of public utility infrastructure, floods, bomb threats, acts of terrorism, exposure to hazardous materials, and nuclear disasters.

_____ E. Evacuation

Inpatient Hospice Facilities must plan for both internal and external disasters. Although facilities must be prepared for the possibility of relocating patients to another facility, there are instances when moving patients to another part of the facility would be more appropriate. The following criteria should be addressed to allow the facility to respond to both types of evacuation.

- _____ 1. Describe the policies, roles, responsibilities, and procedures for moving and relocating patients.
- _____ 2. Identify the individual responsible for implementing facility evacuation procedures.
- _____ 3. Identify procedures for the hospice to arrange to make the list of medication, supplies, and equipment available to each Special Needs registrant or in a facility.
- _____ 4. Identify procedures for educating the patient and caregiver concerning the medication, supplies, and equipment list, as defined in Appendix B of this document, and the need for this list and other items to accompany the patient during the evacuation.
- _____ 5. Identify resources necessary to continue essential care or services or referrals to other organizations subject to written agreement.
- _____ 6. Identify all arrangements (transportation of patients, etc.) made through mutual aid agreements, memorandums of agreement or understandings that will be used to evacuate patients (copies of the agreements must be updated annually and attached in the appendix).
- _____ 7. Describe logistical arrangements for transportation support to ensure essential records, medications, treatments, and medical equipment remain with the patient at all times.
- _____ 8. Identify the pre-determined locations to which patients will be evacuated.
- _____ 9. Provide a copy of the mutual aid agreement that has been entered into with a facility to receive patients (current, signed annually).

- _____ 10. Specify at what point the mutual aid agreements and the notification of transportation and alternate facilities will begin.
- _____ 11. Determine at what point to begin the pre-positioning of necessary medical supplies and provisions.
- _____ 12. Identify evacuation routes that will be used and secondary routes that would be used should the primary route be impassable.
- _____ 13. Specify the amount of time it will take to successfully move or relocate all patients (both internally and externally). Keep in mind that in hurricane evacuations, all movement should be completed before the arrival of tropical storm force winds (40 mph).
- _____ 14. Determine what and how much each resident should take with them, providing for a minimum 72-hour stay, with provisions to extend this period if the disaster is of a catastrophic magnitude.
- _____ 15. Describe the procedures to ensure that the facility's staff will accompany evacuating patients, to include a log system. If staff will not be accompanying patients, what measures will be used to ensure their safe arrival (i.e. who will render care during transport).
- _____ 16. Establish procedures for ensuring that all patients are accounted for and are out of the facility.
- _____ 17. Identify procedures that will be used to keep track of patients once they have been relocated.
- _____ 18. Establish procedures for responding to family inquiries about patients who have been relocated.

_____ F. Re-Entry

Once patients have been evacuated from their homes or a hospice facility, procedures need to be in place for allowing patients to re-enter the facility and resumption of services.

- _____ 1. Home & Special Care Shelter
 - _____ a. Describe how the hospice will re-establish contact with patients in the patient's home and resume patient care.
 - _____ b. Describe how the hospice will re-establish contact with employees and re-start patient care.
 - _____ c. Describe how the hospice will provide or arrange for prioritizing care should the emergency result in less staff being available immediately following the disaster.
- _____ 2. Hospice Facility
 - _____ a. Identify who is the responsible person(s) for authorizing re-entry to occur and procedures for inspection of the facility to ensure it is structurally sound.
 - _____ b. Explain how patients will be transported back to the facility following relocation. Identify how you will receive accurate, timely data on re-entry operations and patient tracking.
 - _____ c. Identify procedures for obtaining necessary medical attention or intervention for hospice patients.
 - _____ d. Identify procedures for communicating with family members of patients or other responsible parties.

_____ G. Sheltering

If the facility will be accepting patients from an evacuating facility, the plan must describe the procedures that will be used once the evacuating facility's patients arrive.

- _____ 1. Describe the receiving procedures for patients arriving from an evacuating facility.
- _____ 2. Identify where additional patients will be housed. Provide a floor plan, which identifies the space allocated for additional patients.
- _____ 3. Identify the means for providing, for a minimum of 72-hours, additional food, water, and medical needs of those patients being hosted.
- _____ 4. Identify how the facility will notify AHCA if it exceeds its licensed operating capacity and seek a waiver.
- _____ 5. Describe procedures for tracking additional patients within the facility.
- _____ 6. Describe the procedures for ensuring 24-hour operations.
- _____ 7. Describe procedures for providing sheltering for family members of critical workers.

_____ V. INFORMATION, TRAINING AND EXERCISES

This section identifies the procedures for increasing employee and patient awareness of possible emergencies and providing training on their emergency roles before, during, and after a disaster.

- _____ A. Identify how and when staff will be trained in their emergency roles during non-emergency times.
- _____ B. Identify a training schedule for all employees and identify the provider of the training.
- _____ C. Identify the provisions for training new employees regarding their disaster related role(s).
- _____ D. Identify a schedule for exercising all or portions of the disaster plan on a semi-annual basis.
- _____ E. Establish procedures for correcting deficiencies noted during training exercises.

_____ VI. APPENDIX

The following information is required, yet placement in an APPENDIX is optional, if the material is included in the body of the plan.

- _____ A. Roster of employees and companies with key disaster related roles.
 - _____ 1. List the names, addresses, and phone numbers of all staff.
 - _____ 2. List the name of the company, agency, organization, contact person, phone number and address of emergency service providers such as transportation, emergency power, fuel, water, police, fire, rescue, Red Cross, emergency management, etc.
- _____ B. Agreements and Understandings
 - _____ 1. Provide copies of any mutual aid agreements, memorandums of agreement or any other understandings entered into pursuant to the fulfillment of this plan. This is to include reciprocal host facility agreements, transportation agreements, current vendor agreements, or any other agreement needed to ensure the operational integrity of this plan.
- _____ C. Evacuation Route Map
 - _____ 1. A map of the primary and secondary evacuation routes and description of how to travel to receiving facility(ies).
- _____ D. Support Material
 - _____ 1. Any additional material needed to support the information provided in the plan.

_____ 2. Copy of the facility's fire safety plan that is approved annually by the local fire department, with an annual letter of approval from the fire department. (Fire Inspection Certificate will not be accepted, it must be a letter of approval.)

_____ E. Standard Operating Procedures